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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9029

|                             |                                   |              |                        |                               |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER<br>10/038,682 | FILING DATE<br>01/08/2002<br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3731 | ATTORNEY DOCKET NO.<br>4077-2 |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------|

## APPLICANTS

Said G. Osman, Frederick, MD;

## \*\* CONTINUING DATA \*\*\*\*\*

*- NONE -*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*- NONE -*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 02/04/2002

| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>MD                             | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>2 |
|---------------------------------|---|---|------------------------|-----------------------|----------------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Met after Allowance<br><i>[Signature]</i><br>Initials |                        |                       |                            |

## ADDRESS

23117  
 NIXON & VANDERHYE, PC  
 1100 N GLEBE ROAD  
 8TH FLOOR  
 ARLINGTON , VA  
 22201-4714

## TITLE

Uni-directional dynamic spinal fixation device

|                 |   |   |
|-----------------|---|---|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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